

ALASKATELEHEALTHADVISORYCOUNCIL

Minutes:January18,2002

9:30a.m.–1:30p.m.

AlaskaFamilyPracticeResidencyProgram

ATAC members present : Ron Duncan, GCI; Jeff Jessee, Alaska Mental Health Trust Authority; Mark Johnson, Alaska Telephone Association; Jay Livey (via teleconference), Department of Health & Social Services; Karen Perdue, Health-University of Alaska; Paul Sherry, Alaska Native Tribal Health Consortium; Alex Spector, Department of Veterans Affairs; Nan Thompson, Regulatory Commission of Alaska; Eric Wall, Premiera Blue Cross; Marilyn Walsh-Kasmar, Alaska Primary Care Center; Mary Weiss, Southcentral Foundation

ATAC members absent : Doug Bruce, Providence Health System of Alaska; Barbara Gruenstein, Alaska Communications Services; Dee Hutchison, Alaska Native Medical Center; Edward Lamb, Alaska Regional Hospital; Jerome List, Alaska State Medical Association; Tom Posey, AT&T Alascom; Mike Powers, Fairbanks Memorial Hospital

Participants present : Tom Bohn, Alaska Native Tribal Health Consortium; Kathe Boucha, Alaska Health Resources; Anita Halterman, Division of Medical Assistance; Carl Hild, Institute for Circumpolar Health Studies; Teri Keklak, Division of Medical Assistance; Deb Kiley, Alaska Health Resources; Linda Lekness, Alaska Native Tribal Health Consortium; Vonne Mason, Division of Medical Assistance; Declan Nolan, Private Orthopedic Practice; Gwen Obermiller, Division of Medical Assistance; Andrew Solli, Blue Cross BlueShield of Alaska; Anthony Zenk, Division of Public Health

Teleconference: Liz Connell, Senator Stevens' Office; Kerry Dorius, Girdwood Clinic; Mike Sfraga, ADETC

Staff: Edward Bean, Alaska Native Tribal Health Consortium; Tom Nighswander, MD, MPH, ATAC Facilitator

Guests: Lori Davey, Alaska Marketing Consultants; Tom East, Alaska Native Medical Center; Lue Rae Erickson, Alaska Native Tribal Health Consortium; Stewart Ferguson, Alaska Native Tribal Health Consortium; Kirk Fischer, Alaska Primary Care Center; Harold Johnston, MD, Alaska Family Practice Residency Program; Don Kashevaroff, Alaska Native Tribal Health Consortium; Beth Landon, Alaska Center for Rural Health; Elaine Landon, Tanana Chiefs Conference; Mary Langdon, Southcentral Foundation; Chris Patricoski, Alaska Native Tribal Health Consortium; Tim Schuerch, Alaska Native Tribal Health Consortium

Introduction and Goals of Meeting

Paul Sherry, ATAC Co-Chair

Mr. Sherry welcomed everybody. The council reviewed and approved the 9/28/01 ATAC minutes. Additional agenda items included: Kathe Boucha update on a geriatric telemedicine project at the University of Colorado. Kerry Dorius and Declan Nolan will update on their participation in the Efficacy Trial. Meeting was called to order at 9:40 a.m.

Dr. Johnston, Residency Program Director welcomed everyone to facility.

Strategies for connecting an "Alaska Network"

Mike Sfraga, President's Office, University of Alaska

Mr. Sfraga provided an update on the university's network. The University's network OC3 Fiber might be used to hook up systems for virtual rounds. Policy issues for the use of connections around the state are still being looked at. The university is trying to add more financial resources for current training opportunities; content and curriculum are also being considered. Another report is being sent to Senator Stevens regarding university needs.

The final DHHS Bill has passed Congress and there is \$500,000 for the evaluation of telemedicine efforts in Alaska. Senator Stevens would like the University of Alaska to take a leadership role in conducting an evaluation process for all telemedicine effort in Alaska. It is assumed that the Consortium will be the applicant for this funding, and will contract with the University to do this evaluation.

AFHCAN

Alex Spector, Alaska Federal Healthcare Partnership

Mr. Spector provided an update and brief history on telehealth progression. The federal partnership had procurement consolidations that have saved about \$11 million dollars by working together. This would not have occurred if everyone had gone separate ways.

The AFHCAN project is now coming to a conclusion. The development of a software/hardware tool to enhance communication has been accomplished, and the network is in place. The video store and forward technology that was adopted by AFHCAN has been beta tested and is nearing completion.

There is a two-year transition period for sustainability, it will be known by the end of the summer how much it will cost to keep connected. The partnership has sorted out different options to establish relationships and funding for future ideas. A visioning conference has been scheduled for March 8th.

The View from the Hill

Liz Connell, Office of Senator Ted Stevens

Ms. Connell updated on Senator Stevens' activities and requests. The Department of Health and Human Services Community Health Center and the Department of Health & Social Services has brought in nearly \$7 million dollars per year in ongoing community health center funds for the Alaska Frontier Health Initiative.

Senator Stevens would like a group of ATAC members to come to Washington D.C. and report on telehealth progress. One of the activities will be to continue working with pilot projects, and strategic planning and report back with a plan for a broader telehealth network. The Senator would like to see the University of Alaska's President's Office; a high-level evaluation on the status of telemedicine, as well as recommendations on steps needed to have a sustained operational statewide network. The Senator has secured \$35-36 million dollars for this project since the project began.

Strategies: Pilot Proposals – Networking Technical Considerations

Tom Bohn, AFHCAN

Mr. Bohn noted that telehealth in Alaska is at a point to begin brainstorming viable solutions in networking with private and public sectors. His solution is to have the private sector connect to the co-located AFHCAN servers through a bridge that would allow access to the AFHCAN network. The core AFHCAN network is based in Anchorage, and connections are paid for by outline organizations. The Project Office is paying for the core resource to which everyone is connected. The private sector does not have to be connected to the core network to access it.

The State of Alaska has negotiated with telecommunication providers, and Alaska Communications Systems is now their contractor. If the State's network contractor were to be used, the ACS network would be capable of supporting broadband between AT&T and GCI with interface to private and public sectors on either end. One could connect those links through their network so they don't cross one another, this would allow broadband between those locations. It creates a funding mechanism for new network connectivity, as well as a position to take advantage of what is already in place.

Grand Rounds

Harold Johnston, MD, Family Practice Residency Program

Dr. Johnston provided the history and goals of the Family Practice Residency Program. The purpose of the residency program is to increase access to quality healthcare in rural Alaska. First, physicians are trained for rural practice in Alaska. Second, direct service is provided to people in Anchorage, who have accessibility problems. Third, practices in rural Alaska are stabilized where they already exist. Finally, foster leadership in medicine is fostered among physicians focusing on under-served populations in rural Alaska.

This program began in 1989; it was the third attempt to have a residency program in Alaska. Doctors and administrators throughout Alaska were consulted. This information was compared with accreditation requirements and a new curriculum called Trans-cultural Medicine was developed. To date two classes have graduated; ten out of sixteen residents' currently practice in Alaska.

The residency program provides medical education lectures to medical residents. These presentations can provide continuing medical education to practicing physicians throughout Alaska. We have the equipment to provide lectures remotely, but haven't made the link yet. The residency program has applied to become a member of the telehealth network, for specific purpose of accessing these links that connect to rural practices. Our current barriers are establishing a method to access the bandwidth and being a branch of Providence.

Community Health Centers

Chris Patricoski, MD, AFHCAN

Dr. Patricoski provided an update on Community Health Centers and funding. As AFHCAN continues deployment, it has been discovered that sites have been left out. There is also a desire to add federally qualified Community Health Centers to the AFHCAN network. The AFHCAN Steering Board and the Federal Partnership are looking at this issue.

AFHCAN will not be receiving the \$4 million dollars from the Office of Advancement of Telehealth this year. Many of our ideas are on hold.

Teleradiology

Rebecca Grandusky, YKHC

Mr. Sherry provided a brief update on Teleradiology. The Department of Defense telemedicine funding was appropriated this year; the partnership agreed to share some of it with the Phase 3 Radiology work. This is part of expanding Teleradiology connections to mid-level sites.

Project Updates and Lunch

Medicaid Reimbursement—Store and Forward

Vonne Ma son, Division of Medical Assistance

Ms. Mason updated on new Medicaid developments. Myers and Stauffer are working on the Deliverable 4 Implementation and Evaluation plan; it should be posted on ATAC website within the month. DMA is moving on to state regulation development; these regulations are to support all applications for covered services under the Medicaid program and should be ready to implement by fall.

Mr. Sollire reported that Premiera Blue Cross has approved the modifier for acceptance of telemedicine.

Telemedicine Efficacy Trial

Kathe Boucha, Providence Alaska Medical Center

Ms. Boucha provided an update on the Efficacy Trial project. Contracts have been renewed for each site. Last year \$30-38 thousand dollars was spent on this project. The project was subsidized last year with funding from the UAA, National Library of Medicine expansion project. Site visits have been made for training and software upgrades. Continued support and training is needed. There were 30 complete encounters and 30-50 that were incomplete. Sixty-three percent of these cases did not require travel where they otherwise would have. Another advantage is one may be seen the same day using telehealth, rather than having to wait weeks without it.

Declan Nolan, M D, Private Practice

Dr. Nolan reported on his participation in the Efficacy Trial project. Phone calls related to orthopedic injury or referrals are received daily. Telemedicine works better than the phone, decisions can be made within an hour or two. Patients have a better comfort level, and it allows better transfer for the patient. He wants to find out what our limitations are and would like to get involved rather than to keep testing.

Kerry Dorius, NP, Girdwood Clinic

Ms. Dorius reported on her participation in the Efficacy Trial Project. During her first year she requested a lot of second opinions for orthopedic encounters. Since using telemedicine, it has allowed much better care for her patients. She has consulted with physicians on difficult cases, and that kept her patients in Girdwood; it also keeps revenue there. It's pretty simple to use, but she does have problems charting. Patients in Girdwood really like telehealth; it minimizes travelling to Anchorage.

Gateway Mental Health Telepsychiatry**Verner Stillner, MD, Bartlett Hospital Behavior Health**

Dr. Stillner provided a brief update on new telehealth equipment. There is now a full T1 dedicated circuit with PictureTel 900 series equipment with far camera control that is operational. On Tuesday, January 22, 2002 the first patient contact through Telepsychiatry will occur.

Rapid Access Clinical Telemedicine System**Jerome List, MD, Alaska State Medical Association**

Dr. Nighswander reported that the server is being installed at the State Medical Association this week, and should be functional in three weeks. This is a Memorandum of Agreement between the State of Alaska using bio-terrorism money and ATAC money. This is the Health Alert Network; a report is expected at the next meeting.

Budget Review**Tom Nighswander, MD, MPH, ATAC Facilitator**

Dr. Nighswander reported on ATAC budget. Current funding for FY02 is \$315,000; only \$80,000 has been expended through the first quarter. It is assumed that if the money from HRSA comes through it will increase our operating budget.

Agenda for next three months**Tom Nighswander, MD, MPH, ATAC Facilitator**

- Further explore the Family Practice Residency Grand Rounds video opportunity
- Work on applying for the HRSA money, and start developing an agreement with University of Alaska
- Alaska Rural Health Conference—April 25-26, 2002
- Explore AFHCAN and private sector needs (Marilyn, Kathe, Linda, Ron, and Tom)
- State Medicaid Regulations development
- Alaska Health Resources would like to offer a proposal to work on the development of clinical protocol
- Community Health Centers—explore with Congress
- AFHCAN Visioning Conference March 8th

Our next meeting will be changed to Wednesday, May 22, 2002 in Kotzebue.

Other**Kathe Boucha, Providence Alaska Medical Center**

Ms. Boucha reported on a new project. A new project of the Providence Extended Care Facility and Mary Conrad Center has received \$30,000 from the University of Colorado Medical Center for Geriatric Telepsychiatry, focusing on patients with Alzheimer's and Dementia. A contract has been signed.

Carl Hild, Institute for Circumpolar Health Studies

Mr. Hild provided a brief update on a cancelled meeting. The Arctic CHILD meeting has been rescheduled for next Friday, January 22, 2002 at the Business Office, Education Room 110 beginning at 8:00 a.m.

Karen Perdue, Health, University of Alaska

Ms. Perdue provided a brief update on the University's usage of distance education. There are over 700 courses being delivered, and Nursing is going web-based with distance for the Bachelor's of Science Degree.

Adjourn

The Council adjourned the meeting at approximately 1:46 p.m.